

Fig 1

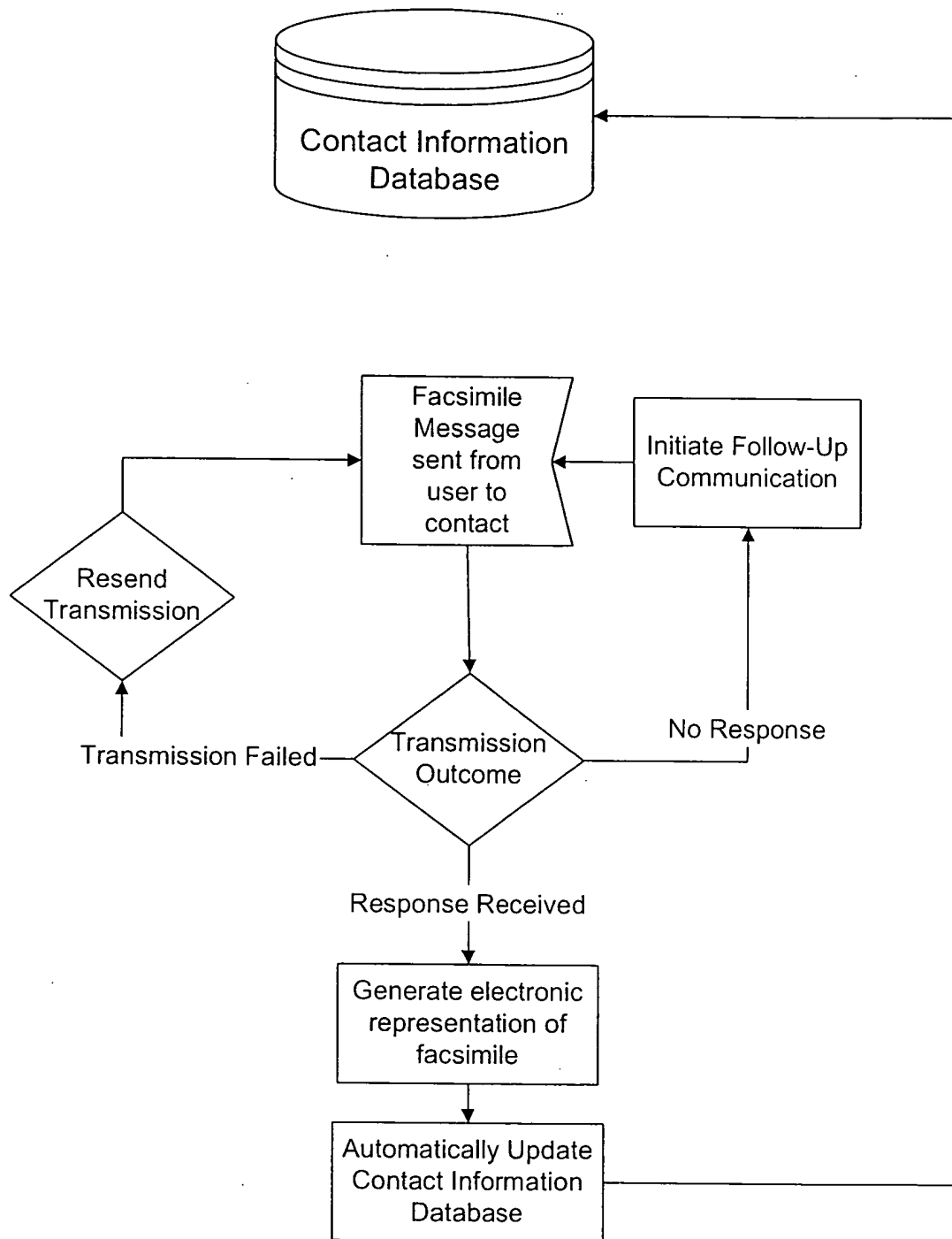


Fig 2

Replacement Sheet

First Name	Middle Initial	Last Name
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Address Line 2		
<input type="text"/>		
City	State/Province	
<input type="text"/>	<input type="text"/>	
Zip or Postal Code	Country	
<input type="text"/>	<input type="text"/>	
Phone	Fax	
<input type="text"/>	<input type="text"/>	

Fig 2a

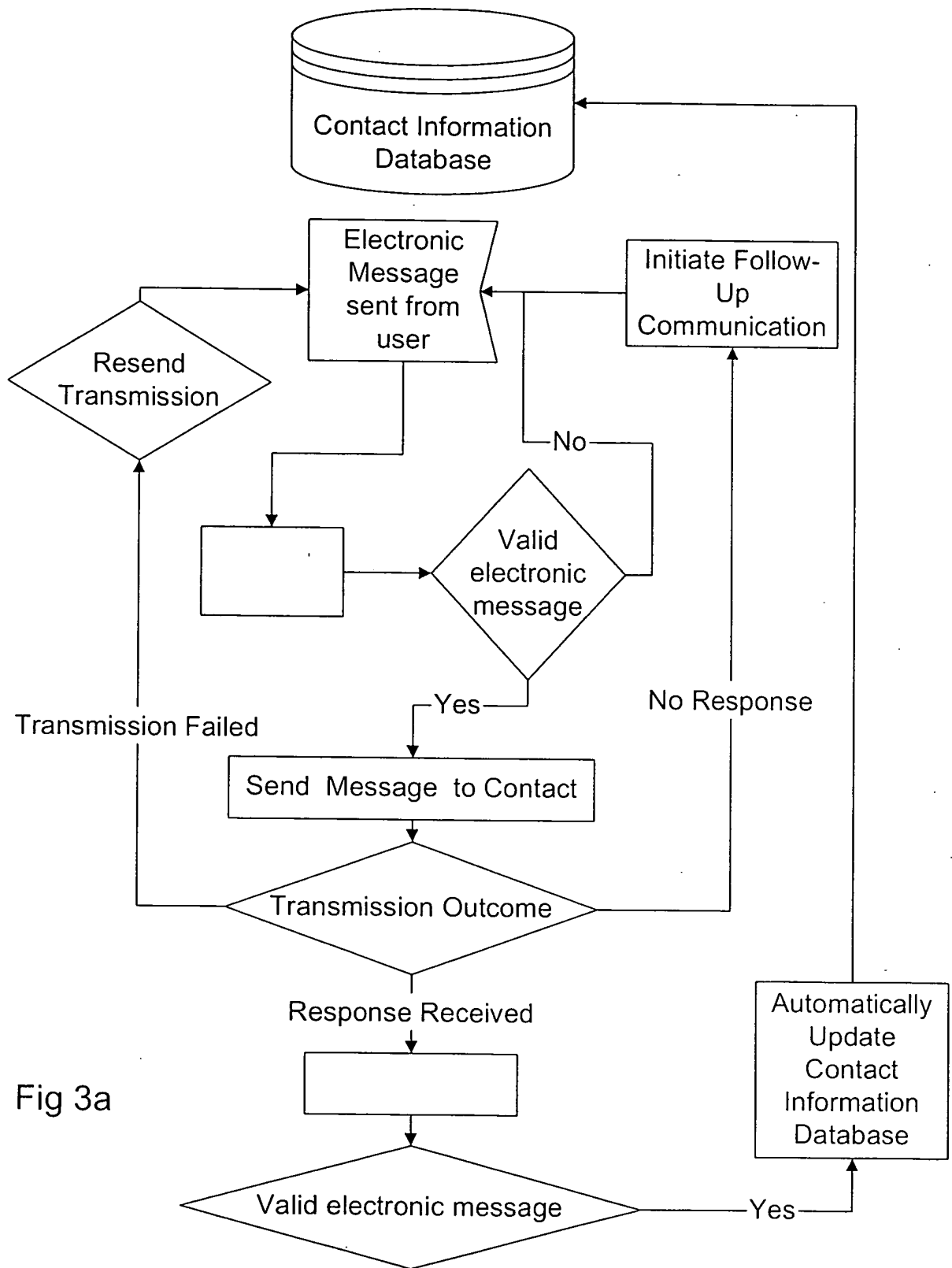


Fig 3a

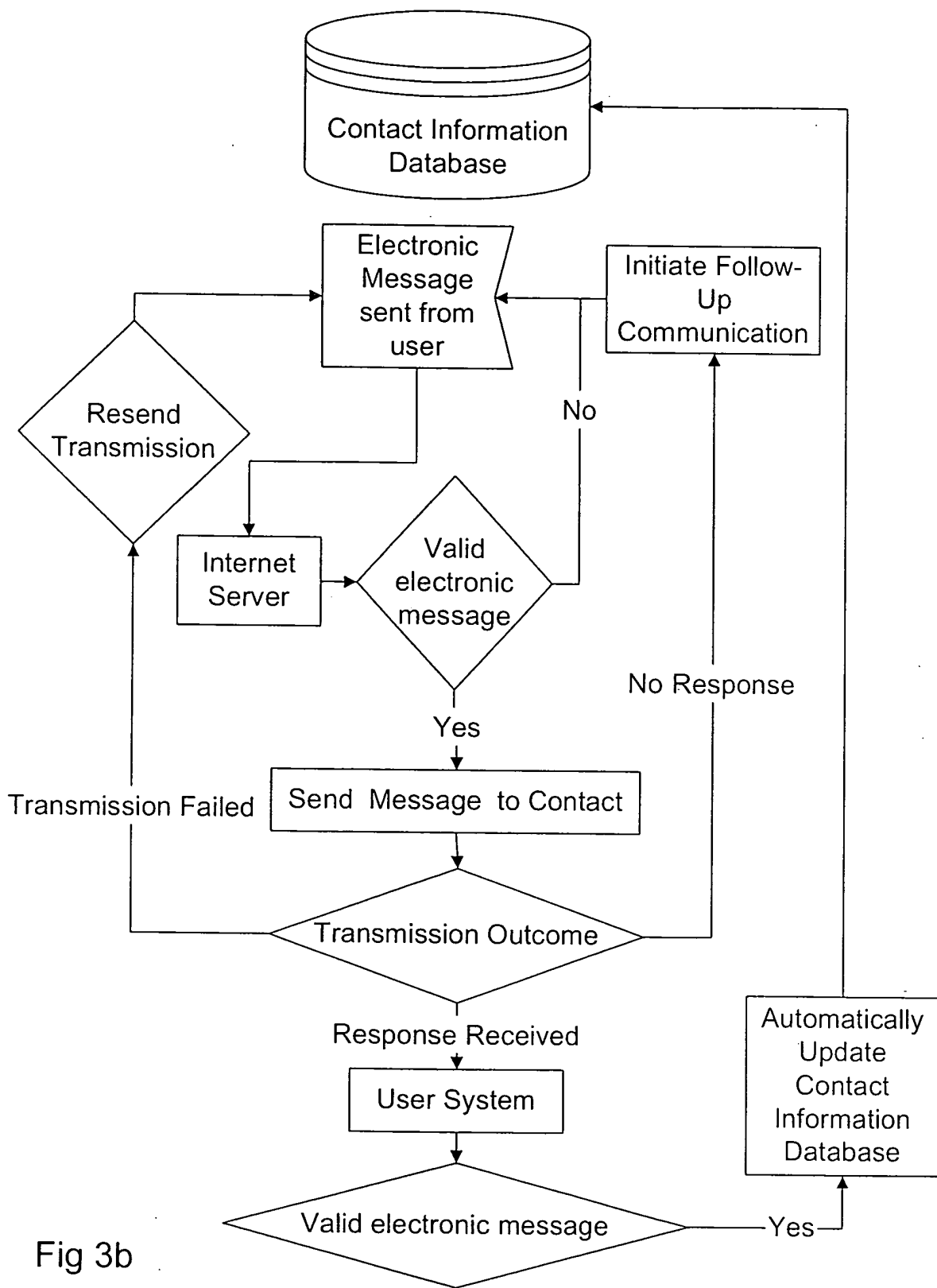


Fig 3b

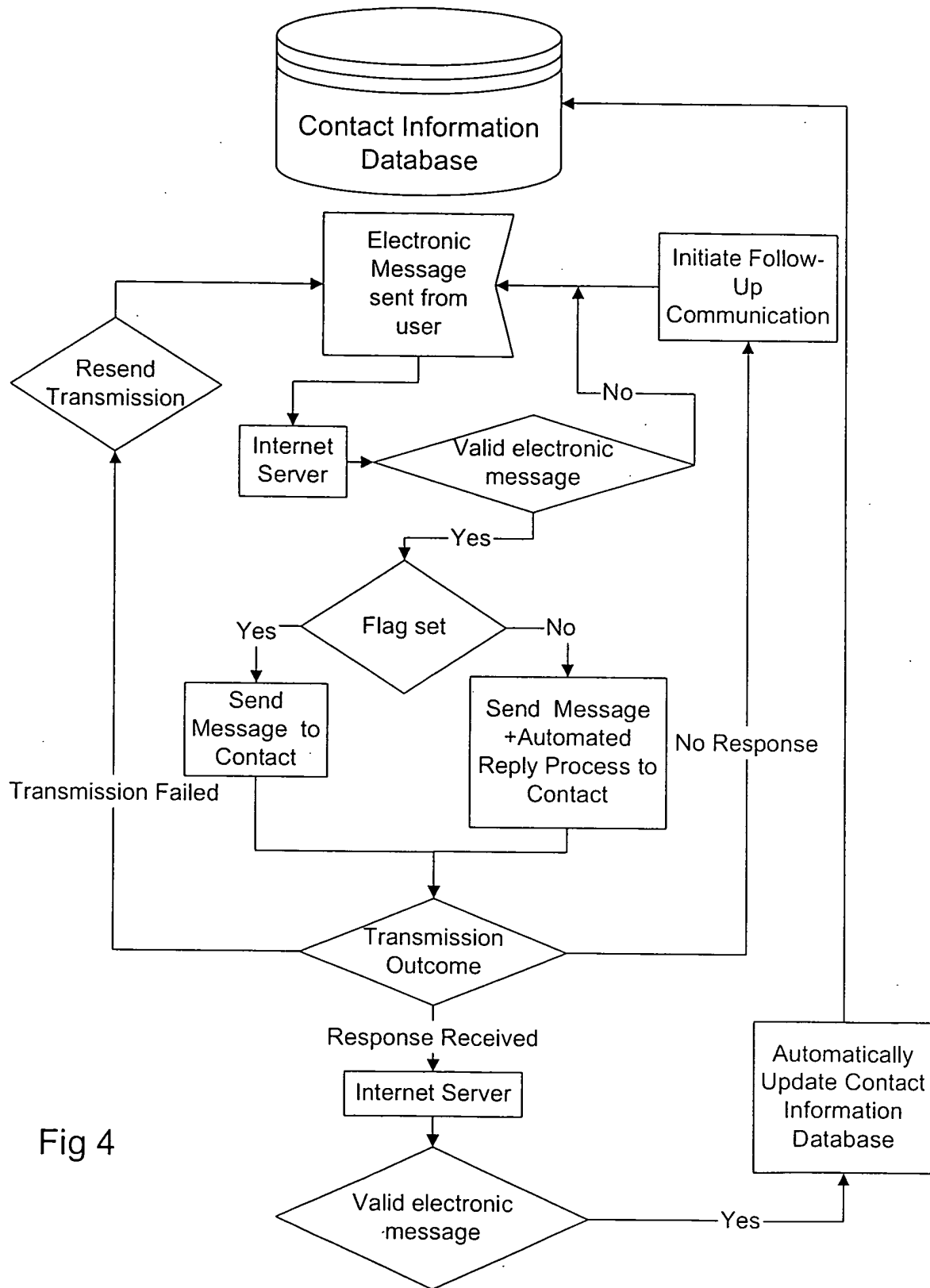


Fig 4

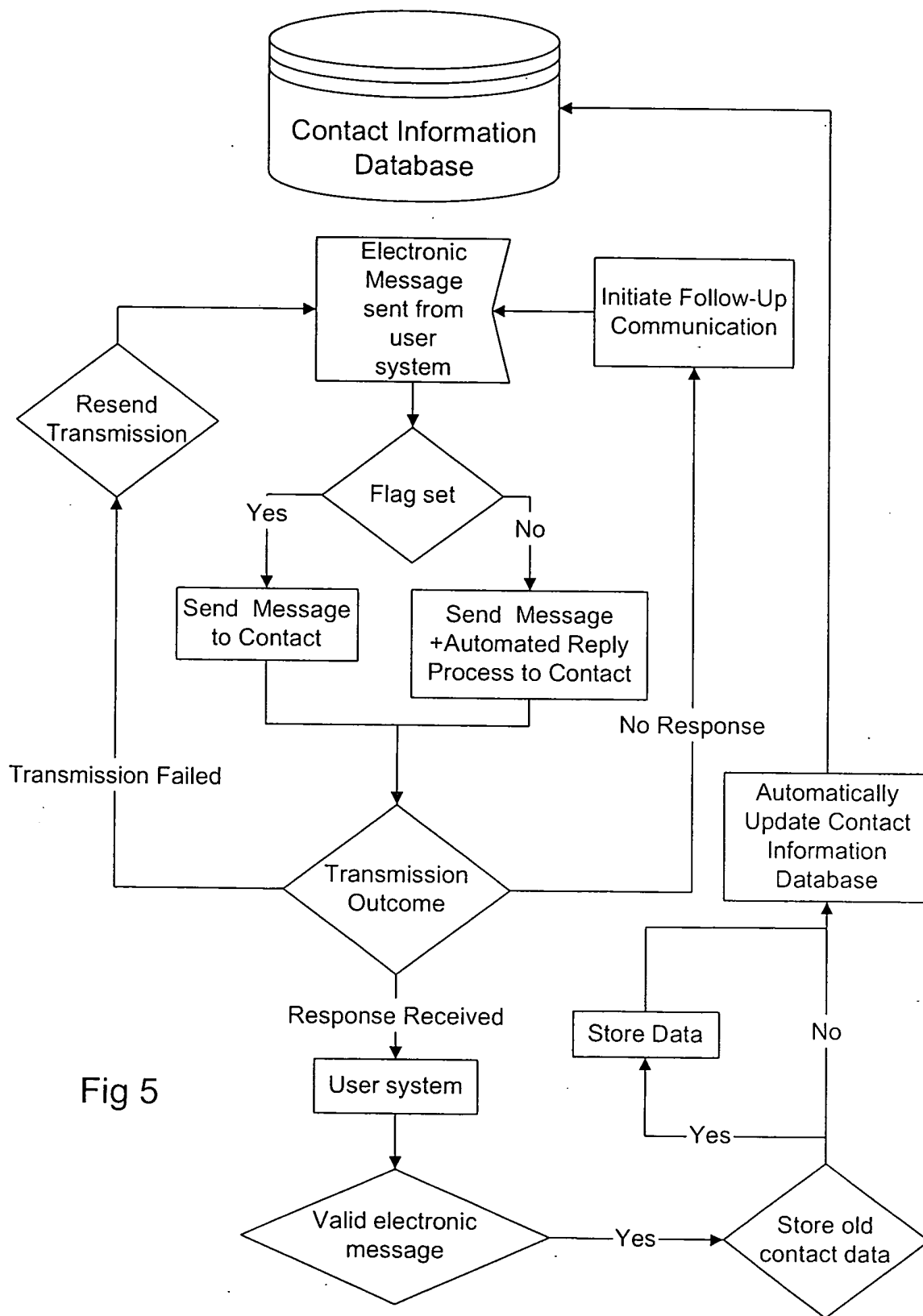


Fig 5

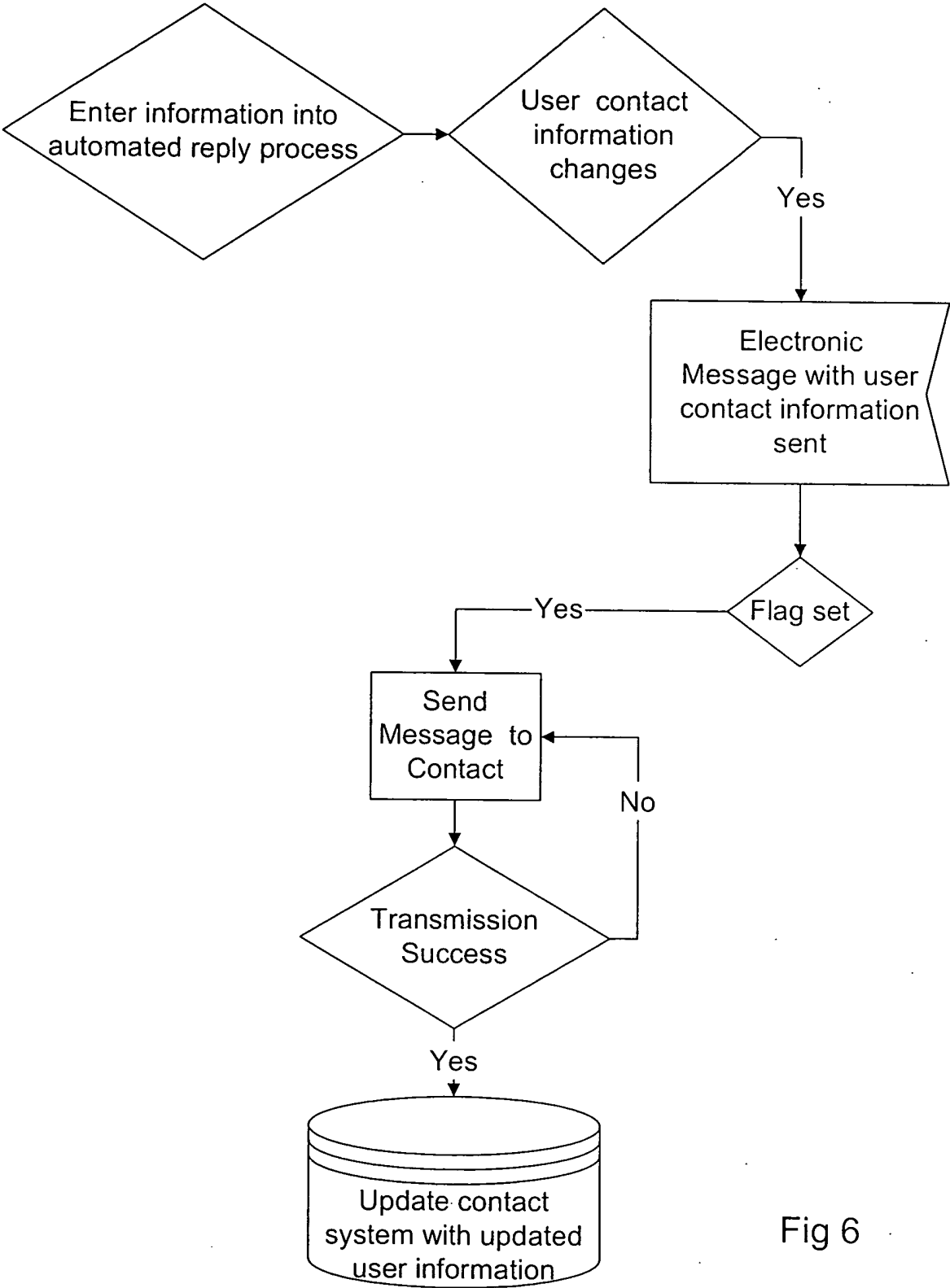


Fig 6